



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

08/02/2010

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NYR000053348

**INSTALLATION NAME:** VANBRO CORPORATION

**INSTALLATION ADDRESS :** 1900 SOUTH AVE  
STATEN ISLAND, NY 10314

**MAILING ADDRESS :** 1900 SOUTH AVE  
STATEN ISLAND, NY 10314

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: VANBRO CORPORATION  
or Current Occupant  
ATTN: CORNELIUS VANDERBILT JR  
1900 SOUTH AVE  
STATEN ISLAND, NY, 10314**



**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**



**1. Reason for Submittal**

MARK ALL  
BOX(ES) THAT  
APPLY

**Reason for Submittal:**

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID Number**

EPA ID Number NY1810100063B48

**3. Site Name**

Name: VANBRO CORPORATION

**4. Site Location Information**

Street Address: 1900 SOUTH AVENUE

City, Town, or Village: STATEN ISLAND

County: RICHMOND

State: NEW YORK

Country: USA

Zip Code: 10314

**5. Site Land Type**

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A.           

C.           

B.           

D.           

**7. Site Mailing Address**

Street or P.O. Box: 1900 SOUTH AVENUE

City, Town, or Village: STATEN ISLAND

State: NEW YORK

Country: USA

Zip Code: 10314

**8. Site Contact Person**

First Name: CORNELIUS

MI:

Last: VANDERBILT, JR.

Title: PRESIDENT

Street or P.O. Box: 1900 SOUTH AVENUE

City, Town or Village: STATEN ISLAND

State: NEW YORK

Country: USA

Zip Code: 10314

Email: COR2VUE@AOL.COM

Phone: 718-698-1100

Ext.: 220

Fax: 718-698-1107

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: VANBRO CORPORATION

Date Became Owner: 11/1955

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 1900 SOUTH AVENUE

City, Town, or Village: STATEN ISLAND

Phone: 718-698-1100

State: NEW YORK

Country: USA

Zip Code: 10314

B. Name of Site's Operator: VANBRO CORPORATION

Date Became Operator: 11/1955

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Rec 6/24/10 - Called 6/24/10 spoke Mr Vanderhert  
he provided ownership & operator dates (A)

1-1

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research. The second part of the report is a detailed description of the methods used in the study. This includes a description of the experimental setup, the data collection procedures, and the statistical methods used to analyze the data. The third part of the report is a discussion of the results of the study. This includes a description of the main findings, a comparison of the results with previous studies, and a discussion of the implications of the findings. The final part of the report is a conclusion and a list of references.

2. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research. The second part of the report is a detailed description of the methods used in the study. This includes a description of the experimental setup, the data collection procedures, and the statistical methods used to analyze the data. The third part of the report is a discussion of the results of the study. This includes a description of the main findings, a comparison of the results with previous studies, and a discussion of the implications of the findings. The final part of the report is a conclusion and a list of references.

3. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research. The second part of the report is a detailed description of the methods used in the study. This includes a description of the experimental setup, the data collection procedures, and the statistical methods used to analyze the data. The third part of the report is a discussion of the results of the study. This includes a description of the main findings, a comparison of the results with previous studies, and a discussion of the implications of the findings. The final part of the report is a conclusion and a list of references.

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

e. United States Importer of Hazardous Waste

Y ☐ N ☒

f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

P001						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.







EPA ID Number NYR000053348

OMB#: 2050-0024; Expires 11/30/2011

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☒ N ☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CORNELIUS VANDERBIT, JR. PRESIDENT	06/17/2010





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/13/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000053348

FACILITY NAME -> VANBRO CORP

MAILING ADDRESS -> 1900 SOUTH AVE  
STATEN ISLAND, NY 10314-3605

INSTALLATION ADDRESS -> 1900 SOUTH AVE  
STATEN ISLAND, NY 10314-3605

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: VANDERBILT, ROBERT  
VICE PRES  
VANBRO CORP  
1900 SOUTH AVE  
STATEN ISLAND, NY 10314-3605



★ ★ To avoid delays in processing, please complete all sections.  
★ ★ Only original signature of the Generator is acceptable.

Please print or type with ELITE

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

**Notification of Regulated Waste Activity**

United States Environmental Protection Agency

Date Received  
(For Official Use On)

98-04-007

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Completes Item C)

C. Installation's EPA ID Number

NYR00000533418

II. Name of Installation (Include company and specific site name)

VAN BRO CORPORATION

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street 1900 South Ave

Street (Continued)

City or Town STATEN ISLAND

State

Zip Code

10314-3605

COUNTY

County Name

Richmond

IV. Installation Mailing Address

Street or P.O. Box 1900 South Ave

City or Town STATEN ISLAND

State

Zip Code

10312-3605

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) VANDERBILT

First

Robert

Job Title Vice - President

Phone Number (Area Code and Number) 718-698-1100 222

VI. Installation Contact Address

A. Contact Address Location Mailing Other

B. Street or P.O. Box

1900 South Ave

City or Town STATEN ISLAND

State

Zip Code

10314-3605

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

VAN BRO CORP

Street, P.O. Box, or Route Number

1900 South Ave

City or Town STATEN ISLAND

State

Zip Code

10314-3605

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Year Month Day

Yes

No

From: Jack Hoyt, DEPP, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

U.S. ENVIRONMENTAL PROTECTION AGENCY RO II  
98 APR -7 AM 11:22





10 - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



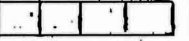
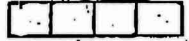
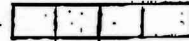
2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))



## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Name and Official Title (Type or print)

Vice President

Date Signed

4-6-98

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





# ITS / RPM

## COURIER AND DELIVERY SERVICE

1 Jewett Avenue  
Staten Island, NY 10302

(718) 448-2767

(718) 727-1090

FAX (718) 727-1432

### PICK UP

COMPANY/INDV	<u>VANBRO CORP</u>	DATE	<u>4/7/98</u>	TIME	
ADDRESS	<u>1900 South Ave</u>	DRIVER	<u>Jacques</u>	JOB #	
CITY	<u>S.I.</u>	ST	<u>Ny</u>	ZIP	<u>10314</u>
CONTACT	<u>PAT</u>	P-DES		P-COUNT	
PICK UP FOR	<u>Bobby Vanderbilt</u>	BILL TO:		SERVICE	CHARGES
SPEC INST		AM / PM			

### DELIVERY

COMPANY/INDV	<u>US EPA Region II</u>	S/DAY	
ADDRESS	<u>290 Broadway, 22nd Fl.</u>	RUSH	
CITY	<u>N.Y.</u>	W/E HOLIDAY	
DEPT		O/NITE	
CONTACT	<u>JACK HOYT</u>	W/TIME	
COMMENTS		R/TRIP	
THE SHIPPER AGREES MAX. VALUATION OF THIS SHIPMENT NOT TO EXCEED \$100.00 DOLLARS. IF HIGHER VALUATION IS REQUESTED & ADDITIONAL PREMIUM IS PAID FOR: DELCARE AMOUNT HERE \$		PREPAID	
Requested & Authorization By		TOTAL	
SIGN - NO INITIALS PLEASE			

PRINT CLEARLY



**X**

GOODS RECEIVED IN GOOD ORDER

**X**

JACK HOYT



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 3:48 PM

Version 5.0

## User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYR000053348	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 03/04/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages: 4      Total Handlers: 1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

Name: cme\_foia.rdf  
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance  
Deployed: June 2006  
Last Updated: May 2012  
Contact: rcrainfo.help@epa.gov  
Tables Used: cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
Libraries: none



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 3:48 PM

Page 2

## VANBRO CORPORATION

County Name / Code: RICHMOND / NY085

NYR000053348

Location: 1900 SOUTH AVE; STATEN ISLAND, NY 10314

REGION 02

Mailing: 1900 SOUTH AVE; STATEN ISLAND, NY 10314

Activity Location: NY		State District: NYSDEC R2		Accessibility:		Non-Notifier:		Extract Flag: Y		Active Site: Y			
Generator:	LQG	Transporter:	N	Operating TSDF:	-----	IC In Place:	N	El Indicator (HE / GW):	N / N				
Short-Term Gen:	N	Transfer Facility:	N	Offsite Receiver:	N	HSM:	N	Subpart K:	----				
Full Enforcement:	-----	Converter:	-----	State Unaddressed SNC:	N	EPA Unaddressed SNC:	N						
CA Wrkld:	N	State TSDF:	-----	State Addressed SNC:	N	EPA Addressed SNC:	N						
Active State Gen:	N			State SNC w/Comp Sched:	N	EPA SNC w/Comp Sched:	N						

### Evaluations With No Violations:

CEI Evaluation	03/15/2005	Activity Location: NY	By: State	Identifier: 001	Person: NYADS	Branch: R2	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

\* End of Report \*

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 3:48 PM

Page 3

## Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 3:48 PM

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## Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

\* Note: Penalty amount may not reflect all violations cited.